

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083253

**FILED**  
**Feb 08, 2005**  
**Secretary of State**

**Entity Name:** DIGITAL TECHNOGRAPHICS, INC.

**Current Principal Place of Business:**

590 N.W. PEACOCK BLVD.  
#8  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

590 N.W. PEACOCK BLVD.  
#8  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 65-1041332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZACCHEO, SHAWN  
3539 SW SUNSET TRACE CIRCLE  
PALM CITY, FL 34490 US

**Name and Address of New Registered Agent:**

ZACCHEO, SUSAN  
1951 SW WINNERS DRIVE  
PALM CITY, FL 34490 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN ZACCHEO

02/08/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZACCHEO, SHAWN  
Address: 3539 S.W. SUNSET TRACE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: ST (X) Delete  
Name: ZACCHEO, SUSAN  
Address: 1951 S.W. WINNERS DR.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: ZACCHEO, SUSAN  
Address: 1951 SW WINNERS DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ZACCHEO

PVST

02/08/2005

Electronic Signature of Signing Officer or Director

Date